

SALES & USE TAX SECTION P. O. BOX 1272 LITTLE ROCK, AR 72203-1272 PHONE (501) 682-1895 FAX (501) 682-7904 sales.tax@rev.state.ar.us

CLAIM FOR LOW-INCOME ELECTRICITY CUSTOMER SALES TAX EXEMPTION

Claimant's Name & Social Security Number	Electric Service Account Number		
Spouse's Name & Social Security Number			
Street Address / P.O. Box Apt. No. or Rural Address	City	State	Zip Code
Please itemize below all household income for previous cal	endar year 20		
		Income of Claimant	Income of Spouse
a. * Social Security Payments of all types			
b. * Veterans' pensions and disability payments			
c. Salaries or income from farm or self-employment			
d. * Railroad retirement benefits			
e. Interest income			
f. Dividends			
g. Rent and royalties income			
h. Income from sale of realty, stocks, bonds			
i. * Arkansas Teachers, Public Employees, State Employees	s, State		
Police and Highway Department Employees retiremen	t		
benefits or pension			
j. * Federal retirement and pensions			
k. Cash public assistance and relief (SSI, etc.)			
l. Miscellaneous Income (Alimony, support money, worke			
compensation, loss of time insurance, or any other pens			
* These sources are not reportable for World War 1 Veteran	s or their		
widows			
	Totals		
	Total c	of Both Incomes	
(If your total household income exceeds \$12,000.00, you are			
this exemption, you are exempt only on the tax on the firs	t 500 kilowatt hours	per month. A.C.A	A §26-52-416)
I certify, under penalties of false swearing, that the above in sales tax exemption provided by Act 120 of 1983.	nformation is true an	d complete and I h	nereby claim the
Claimant's Signature		Date	

Important Note: This claim form is subject to audit, for tax purposes, by the Dept. of Finance and Administration. **RETURN THIS FORM TO YOUR ELECTRIC COMPANY**